

Shy- Drager Syndrome (MSA) Reversal Through Alternative Medicine Part 2

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In the June 2001 issue of the *Townsend Letter For Doctors and Patients* my first case study about a successful treatment of Shy Drager Syndrome was published. In that issue I had written the story of my first patient who was already diagnosed with MSA. He was a 73 year old male, named Al Soeffker.

This article is about my findings after seeing 30 subsequent cases of Shy-Drager Syndrome, also known as Multi System Atrophy (MSA).

Shy-Drager Syndrome is a rare progressive neurological disorder that is terminal. It is a progressive disorder of the central autonomic nervous system. Discovered in 1960, it is characterized by orthostatic hypotension, which leads to faintness and dizziness or momentary blackouts upon standing or sitting up. Other symptoms include bowel and bladder dysfunction. Most patients are chronically constipated. They also present with joint rigidity, muscle weakness, tremor, ataxia, impairment of speech and difficulties with breathing and swallowing. Micrographia (small handwriting) and anhydrosis(nability to sweat) also characterize this disease.

Al Soeffker was seen at The East West Clinic in White Bear Lake, Minnesota in the fall of 1999. By that time he had been diagnosed with MSA for seven years. Prior to my treating him he had been a patient at the Minneapolis Veterans Hospital where he was told that there was no cure for his illness and by August of 1999 his neurological symptoms begun to deteriorate rapidly. Although considered to be in the late stages of the disease, Al had shown remarkable progress with my treatment protocol. Within the first six months, all the symptoms attributed to MSA had been reversed. The only problem that remained was severe hallucinations which was a side effect of the drug Sinemet, which he had taken for three years prior to his visits to the East West Clinic. By the time I started treating him, he had discontinued all his prescription medications, a mutual decision made by him and his wife Marge. I believe this contributed to the more rapid turn around of his symptoms.

Within six months Al was able to walk without assistance, his blood pressure was maintained at low normal levels, his speech was slow and weak but understandable, he was urinating normally without a catheter and all his blood levels were within normal range. However, the hallucinations were debilitating and frustrating both for the family and for him. He died in the fall 2002 from natural causes. His MSA symptoms remained in remission for 3 years following his treatments with alternative medicine, (acupuncture,

herbal medicine, and fungal detoxification program) allowing him to spend the last 3 years with a better quality of life.

Since 1999, I have seen 30 other cases Shy-Drager Syndrome. They were self referred. They found the East West Clinic either from reading about the article that was published in the *Townsend Letter For Doctors and Patients*, (June 2001) or through the East West Clinic Website (www.eastwest-mn.com) and in some cases by using the search engine from the internet.

Suggested Protocol for Shy Drager Syndrome or MSA

There are three major parts of the East West Clinic protocol that I will explain below.

1. Acupuncture, herbal medicine, nutrient medicine. Acupuncture treatments often incorporate modalities such as moxibustion, infra red heat, electrical stimulation (electro-acupuncture) and massage.
2. Diet Change specifically to eliminate fungi and its toxins
3. Detoxification utilizing the 5- Phase anti fungal regimen which includes the use of herbal anti fungals and probiotics.

When patients come to Minnesota for acupuncture treatments they remained at least two weeks. They received two treatments per day, one in supine and the other in prone or side lying positions. This allowed access to all the acupuncture points necessary to re- balance the energy flow based on the principles of Traditional Chinese Medicine. Acupuncture has four major goals for the Shy-Drager sufferer:

1. Anti inflammatory.
2. When combined with moxibustion it can increase energy levels.
3. It promotes the healing process.
4. It supports the immune system.

In MSA, it is used to reverse symptoms such as hypotension, slurred speech, mask like facial expression, muscle and neurological dysfunctions, muscle and joint rigidity, loss of equilibrium , dizziness, urinary and bowel dysfunctions, gastrointestinal problems etc.

At the completion of their treatments in Minnesota, I suggested that they find a TCM (Traditional Chinese Medicine) practitioner in their local area to continue with the work started here in Minnesota. I recommended a board certified (LAc.) acupuncture practitioner who is experienced in pulse and tongue diagnosis and is willing to work with me as a team to continue the aggressive approach that I believe is needed to reverse this disease.

The large majority of those patients I have seen tested high on the candida questionnaire, In response I put them on my program of anti-fungals and diet. This protocol is explained in detail in my book *Conquering Yeast Infections*

Acupuncture suggestions: (for TCM practitioners)

Establish pattern of disharmony evaluating clinical symptoms along with tongue and pulse assessments. Use points to correct identified disharmony.

Suggestions for specific Shy-Drager (MSA) symptoms:

It has been my observation that patients with MSA respond better with aggressive acupuncture. I use as many needles as needed to balance the existing disharmony. In many cases there is a pattern of chi and yang deficiency. For this I used: LI4, Ki7, Sp. 2, St. 36. CV 6 Lu 9. I often use moxa on chi stimulating points. I also recommend the use of electrical stimulation to a couple of pairs. I select pairs based on the pattern that needs correction or to support the system that is most compromised.

In addition, I palpate from the base of the skull, all along the spine, all the joints, all big muscle groups and ligaments looking for ah shi points (tender or tight areas) which is indicative of chi (energy) stagnation. I needle these points as needed. This results in the use of 60 to 90 needles per treatment. I use less needles as symptoms improve. Some patients felt more tired after treatments, I advised them to rest and sleep as much as needed. Consequently they awakened feeling more refreshed and felt more stamina.

For slurred speech: St. 4, CO 24, GV26, Ht.5, GB20 and Bai hui. (I combine the use of an herbal formula called Di Huang Yin Zi)

Ingredients of this formula include 6 different herbs that act to loosen the tongue and bring chi to the throat and larynx, hence giving strength to their voice.

For constipation: LI4,2, UB 38, 25, St. 25, 38 and 40, GB 34. CV 4,5,12, Sp 16. I also use an herbal medicine called Oxycleanse, 2 to 6 capsules per day.

For improving balance and equilibrium: CV6, 10. 17,18 etc.

For hypotension: combine needling with moxibustion and tonify: UB 23, Ren 6, Du11,12, LI11,12, St.36. Ki 7.

For bladder problems: Sp.6, CV 2,3, Ki 11, UB 23, 24, or 25 to restore bladder function
Electrical stimulation as needed.

Dietary Recommendations

For patients who tested positive on the yeast questionnaire I put them on a special diet. This is described in detail in chapter 8 in this book Please refer to page 61.

This diet eliminates food and beverage products that encourage further yeast over growth. In summary this diet eliminates sweets, alcoholic beverages, dairy products and all processed foods containing yeast as an ingredient.

Detoxification Protocol

This is used for patients who tested positive on the yeast questionnaire. It involves the use of a 5-phase anti-fungal herbal regimen. This is described in detail in chapter 15 of this book. Please refer to page 144.

Demographics

The age of the thirty patients ranged from 47 to 83 years. Males out numbered females 2 :1, there were 20 males and 10 males. Four were from Minnesota and 24 came from 12 other states within the United States of America. There was one from Brazil and one from Costa Rica.

In the beginning I accepted everyone who wished to come to Minnesota for treatments as long as they were able to travel, however I soon discovered that those who are too debilitated do not benefit significantly from these treatments, therefore I changed my criteria to include only those who are in the early stages of the illness.

Patients who were too debilitated, (unable to swallow, on feeding tubes only, unable to breathe on their own, have tracheostomies, and were bedridden) were advised to stay with their existing treatment programs and be given comfort measures.

Findings

27 (90%) patients reported a high score on the fungal index questionnaire. This condition is often referred to as Candidiasis or systemic fungal infection.. This condition is determined using a questionnaire developed by John Trowbridge, MD, combined with an assessment of their history. When people have a high level of fungus (also called yeasts) in the gastrointestinal tract, consuming sugar from either foods or beverages creates a metabolic by-product known as acetaldehyde. This chemical is very toxic to the central nervous system. It is very possible that in unrecognized and therefore untreated systemic fungal infection these mycotoxins (toxins from decomposing or dead fungi) such as acetaldehyde eventually damage the nervous system, hence the development of neurological diseases .

There are several predisposing factors that lead to the development of candidiasis and other systemic fungal overgrowth:

1. History of recurrent or prolonged use of drugs such as antibiotics, cortico-steroids such as prednisone, birth control pills and chemotherapy;
2. Diet high in sugars, breads, alcohol and dairy products specially aged cheese.
3. Exposure to toxic chemicals, mercury, pesticides, fumes, or mold in the environment..
4. History of diseases that weaken the immune system such as Lyme disease, mononucleosis, Epstein Barr Virus.
5. Living with chronic illness and under stressful conditions for a prolonged period of time.

History of head trauma was not reported except by two males who believe they may have hit their head during athletic activities in their youth but nothing that caused concussion or needed intervention.

All patients except two demonstrated varying degrees of improvement in their symptoms.

Symptoms that appeared to be more easily resolved were those that were mild to begin with and of recent onset. However there were remarkable reversals of symptoms in many patients with severe problems. Patients showed varying degrees of improvement as early as two weeks and continued to gain improvements over time as long as they stayed with the program. This is important to note because a characteristic of Shy-Drager Syndrome is rapid deterioration, culminating in death usually after 7 to 10 years of diagnosis.

Patients that were not on prescription medications responded faster than those on medications. For example, orthostatic hypotension (a sudden drop in blood pressure upon arising) was better managed when patients were not on blood pressure medications. A standard medication for these patients is to be placed on two types of blood pressure

medications, one to lower it and another to raise it. Julio M., age 51 from Costa Rica was on this protocol for one year before I saw him. I was able to improve his balance, speech, and overall strength but because of the opposing actions of the blood pressure medications he was fainting several times a day while upright and yet his blood pressure would significantly rise when he laid down. It was too late to take him off those medications as the rebound effect caused more extreme variations. He eventually died in his sleep from a stroke.

After witnessing this dire phenomenon, I decided to investigate other ways to correct the blood pressure.

I find that using acupuncture and moxibustion specifically for controlling blood pressure combined with the use of salt pills and or sodium bicarbonate is sufficient to maintain their blood pressure within low normal levels without the extreme hypotension and hypertension swings observed among those on two types of medications. With the permission of the attending physicians I am able to slowly taper them off these drugs, however when they have been on them for a year or more, their system's dependency on these medications prohibit their reduction.

For the MSA patient, speech is often slurred, slow and weak (as low as a bare whisper) on admission, yet this is one symptom that resolves quickly. Waxen or bland facial affect is another symptoms that is reversed within the first 2 weeks. They often go home with a big smile and more facial expression. Chronic constipation is a problem most of them have, and this is often resolved within one month on phase one of the colon cleanse program. Prior to that time I use *Oxycleanse* a gentle natural laxative 2 to 6 capsules a day.

Drooling also dissipates quickly. The problems with urination takes longer to reverse. Many patient have frequency of urination, others have difficulty starting the voiding process and need catheterization with each voiding or among women they need indwelling catheters. Another problem requiring catheterization is having a large amount of residual urine.

Hypnotherapy is another modality I have used with success on symptoms that did not have significant response with acupuncture. Hypnotherapy works well for bladder problems, drooling, and blood pressure control.

Representative Case Overview

Case # 1

Oscar K, born in 1933, (age 68 at the time of treatment) had his first series of treatments from Oct. 21 to Nov. 8, 2002. He came from Sao Paulo, Brazil. He came upon the suggestion of his niece, a physician who lives in United States and who found my article on the Internet. They traveled to Minnesota to receive treatments. He had been diagnosed with MSA for 3 years. I deemed his situation to be in an early stage with a good prognosis using my treatment protocol. The clinical picture on admission included poor balance but able to walk without a walker. He also exhibited orthostatic hypotension, chronic constipation, mild slurring of speech, knee pain, depression. What bothered him the most was weakness and poor coordination in arms, hips and legs making it very difficult to get out of the car and get up from a chair. He was on Pro Amatine, Mirapex, Mantidan,

hydrochorthiazide and Cipramil for depression. Blood pressure was maintained at low normal levels. He did not have any fainting episodes or dizziness.

At the completion of the three-week round of treatments he was able to cut back to half dosage on all his medications with no regression in symptoms. On the contrary he improved in all aspects: knee pain was resolved; speech stronger and clearer; less constipated, with more strength in getting up from a chair. His blood pressure was maintained at the same levels before medication dosage was cut back.

He went back to Brazil and came back for another round of treatments from Aug. 14 to Aug. 29, 2003, 9 months after the first series of treatments. I observed that during those 9 months he maintained the status he achieved at the end of the two weeks in Minnesota. **I am presenting his case here to demonstrate that he was able to sustain the gains he made since his last visit to Minnesota.** Oscar was able to continue the protocol of acupuncture and herbal medicine, anti fungal regimen, and anti fungal diet. However he has a problem staying on the sugar free diet, he loves fruits and loves dining out. He and his family understand the importance of adhering to this diet because they see a deterioration in energy level as well as a return of symptoms when he strays from the prescribed diet and this continues to be a challenge for him.

Case # 2

Harry H. from Ohio, born in 1945, was diagnosed with MSA in June, 2003. His symptoms started 3 years earlier. It appeared that Harry's case was different from other cases I had seen because he came at a time when all the symptoms of MSA were still very mild. He was still able to drive alone, and his walking was not very compromised.

His clinical picture on admission included: orthostatic hypotension, (his blood pressure could drop to as much as 40 to 50 points when he stands up rapidly. Sleep apnea. (surgery to remove uvula was done to help this situation and is sleeping better without a respirator.) Swallowing was with some difficulty. Has been on self catheterization for a year and a half, and he has urine incontinence during the night. Mask like facial expression. Bowel movements were only every other day. Poor circulation in legs, balance is poor but walks without assistance.

From the traditional Chinese medicine way of diagnosis, he suffered from kidney, lung and spleen chi(energy) and yang deficiency and he was positive for systemic fungal overgrowth. He had started phase one of the anti-fungal regimen and the anti fungal diet a month before he arrived in Minnesota. This is typical of patients who start by making a phone consult with me. I can make the determination whether they need to be placed on the anti fungal program and diet from an in depth interview using Dr. J.P. Throwbridge's candida questionnaire. By the time they arrive in Minnesota most of them would have been on the program for 2 to 4 weeks. After the two week round of two treatments per day, his facial expression loosened and regained ability to smile, swallowing reflex significantly improved. Blood pressure reading exhibited less fluctuations, balance was improved and he went home feeling greatly encouraged.

I talked to Harry on May 4, 2004, 9 months after his visit here in Minnesota. He had adhered closely to my program. He found a TCM practitioner who had communicated closely with me and was following through with the recommended acupuncture and herbal therapies.

Harry had sustained all the gains he made from his treatments in Minnesota--he still drives his car, walks better, his speech remains strong and clear with occasional slurring which becomes more pronounced when he is tired. He has been taking care of his mother-in-law who was ill and of a close friend who recently had to go to a nursing home. Here is a man who would have been a candidate for the nursing home nine months earlier and instead is taking care of others. He plays golf every Tuesday, although sometimes he can only do 6 holes. He uses the club for a cane.

I present Harry as an example that if they adhere to the program, they do not regress and instead see a gradual improvement. In his case, he continues to need catheterization with every voiding, but he is managing this well on his own and is showing no evidence of bladder infections.

Overall his prognosis remains good and he and his wife are very encouraged by his success.

Case #3

Marguerite H. at age 84 is the oldest in the group. I was cautious at first about suggesting a trip to the clinic because of her age. **What I learned is that age is not a deterrent.** She responded very well to the treatments. The few months prior to her treatments at the East West Clinic, she had become more and more difficult to care for in her home. In spite of having private nurses assisting her round the clock, she had difficulty turning herself in bed, getting up from bed to chair took a lot of time and much of the day went into just moving her from one position to another. This situation combined with the other problems such as urinary retention, constipation, generalized weakness, very unsteady gait made it difficult for the nurses. In fact the home nurses felt it was time to take her to a nursing home. After two weeks of treatments however she improved in all areas that four months later she is still living at home with a better quality life than she had before. Marguerite and her husband started attending church again and she also started attending meetings with a women's group that she had help found many years ago.

Case #4

Don W. age 60 was diagnosed with MSA in Oct. 2002. I started treating him in May 2004. His greatest problem was the feeling of faintness that he felt constantly almost all day. This is a consequence of the low blood pressure which is characteristic of MSA. Don is tall (6 ft. 1" and this made for a worse situation, he had to walk with a stoop as this made the faintness less, he brushed his teeth, showered, washed dishes sitting down and could not do many things while standing upright.

I put him on alternating doses of salt pills and sodium bicarbonate. I started with 2 pills of each every three hours while awake. We slowly increased the dosage making the changes at weekly intervals until he got to the point where he no longer felt faint. After being on four tablets of each (salt pills and sodium bicarbonate) every three hours he reported that for the first time he no longer felt faint and did not have to stoop nor brush his teeth while sitting. His blood pressure was stable at 98/60. I advised him to monitor his blood pressure and adjust the dosage accordingly. I want him to try keeping the blood pressure level at a systolic of around 100. He can do this by increasing his dosages as needed.

At this writing he has more energy, his voice is louder and stronger and he is more active. There are days when he has more difficulty with the symptoms and variables that account for this are, quality of sleep , amount of stress, quality of food taken etc.

Blood pressure can be controlled with this tablets rather than prescription medications.

Prescriptions drugs that raise the blood pressure would raise the BP even when the blood pressure is normal in the supine position and worse it could even bring them into a hypertensive crisis. Salt pills and sodium bicarbonate pills are short acting and work while the patient is up and about in the daytime. Sodium bicarbonate have the added benefit of alkalinizing the pH. Most patients with MSA and with the candida overgrowth have acidic ph which aggravate his symptoms especially the frequent urination problem. Sodium bicarbonate in this dosage keeps them within neutral pH levels. Don tests his pH levels daily with urine test strips.